## MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) . CLAIMS AS FILED **AFTER** AFTER AFTER AS FILED AFTER 2nd AMENDMENT. IND. DEP. IN AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. .23 TOTAL IND. ¥ TOTAL Ψ IND. TOTAL DEP. **+** TOTAL DEP. TOTAL CLAIMS **(**-TOTAL GLADICS

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